



**Division of State and Local Readiness
Public Health Emergency Preparedness Cooperative Agreement
Budget Period 10 (BP10) Continuation Guidance**

Fast Facts

62 Public Health Emergency Preparedness (PHEP) Awardees

- 50 states
- 8 territories and freely associated Pacific jurisdictions:
 - Puerto Rico, U.S. Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia
- 4 metropolitan areas:
 - Chicago, Los Angeles County, New York City, and Washington, D.C.

Funding Allocations

Total: \$688,914,546, including:

▪ Cities Readiness Initiative:	\$58,531,713	54 awardees
▪ Level 1 Chemical Laboratories	\$7,199,998	10 awardees
▪ EWIDS: (Early Warning Infectious Disease Surveillance)	\$4,352,000	20 awardees

New Features

Changes have been made in the BP10 continuation guidance to make it more user friendly. Changes include clarifying the language, reorganizing the information, and adding a table of contents to make it easier to find specific topics.

- The Interim Progress Report is now called the Budget Period 9 (BP9) Update.
- The BP10 funding application has been organized into two components:
 - Component 1: Budget Period 9 (BP9) Update (formerly known as the Interim Progress Report)
 - Component 2: Budget Period 10 (BP10) Application for Funding

Other new information includes:

- An introduction that outlines key elements of the Pandemic and All-Hazards Preparedness Act (PAHPA) to help prioritize public health preparedness functions
- A separate section on PAHPA requirements with updated content on evidence-based benchmarks and objective standards and criteria for determining potential withholding of PHEP funds for Budget Period 12

- A consolidated set of instructions for submitting funding applications
- New appendices:
 - ✓ Summary of PAHPA requirements
 - ✓ Federal guidance on improving public health Laboratory emergency response: includes full text instead of a website link
 - ✓ Summary of deliverables, reporting requirements and due dates
 - ✓ Updated language on travel and educational requirements: meetings and training workshops now are mandatory instead of strongly recommended

New BP10 Requirements

Maintaining state funding (MSF)

As stated in PAHPA, the purpose of MSF is to ensure that awardees maintain their financial support of public health security at a level equal to or above the average of the amount provided annually during the previous two years. This definition includes:

- Appropriations specifically designed to support public health emergency preparedness; and
- Funds not specifically appropriated for public health emergency preparedness activities but which support public health emergency preparedness activities, such as personnel assigned to public health emergency preparedness responsibilities or supplies or equipment purchased for public health emergency preparedness from general funds or other lines within the operating budget of the entity receiving the award.

State expenditures do not include one-time expenses to support public health preparedness and response, such as purchases of antiviral drugs.

Matching funds requirement

PAHPA states that PHEP cooperative agreement funding must be matched by nonfederal contributions provided directly or through donations from public or private entities. The nonfederal contributions may be cash or in-kind donations, including plant, equipment, or services. Awardees who cannot meet the matching funds requirement will not be eligible to receive PHEP funding awards.

- In BP10, awardees will be required to provide matching funds of 5% of such costs (\$1 for each \$20 of federal funds provided in the cooperative agreement).
- In subsequent budget periods, matching will be increased to 10% of such costs (\$1 for each \$10 of federal funds provided in the cooperative agreement).

The match requirement is waived for:

- Political subdivisions of New York City, Los Angeles County, and Chicago
- American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands up to \$200,000, according to Title 48 U.S.C. 1469a (d)

Cities Readiness Initiative

The funding formula was revised in an effort to more equitably distribute the CRI funding across all 72 CRI Metropolitan Statistical Areas (MSAs) receiving CRI funding. However, as a result, several areas experienced funding reductions.

Based on recommendations made in the FY 2009 Omnibus Appropriations Bill that no project area should experience a 25% or greater reduction in CRI funding, a modified pro rata formula was developed to allocate CRI funding in BP10. This modified formula will provide a gradual decrease in the budgetary burdens for those affected areas by capping funding reductions at 25% in BP10.

- The areas that would have experienced a 25% or greater funding reduction from their previous funding levels due to the new funding formula were Chicago, Denver, Las Vegas, New York City, and Washington D.C. Those areas were allocated 75% of their previous funding allocations.
- In addition, the areas that would have received less than \$200,000 based on their population were allocated baseline funding of \$200,000.
- The allocations for all the remaining areas were then calculated based on a new \$0.3189 pro rata formula.

The CRI pro rata funding formula was reduced from \$0.330912 to \$0.3189 to ensure that no project area experienced a greater than 25% reduction in funding from their previous funding level while remaining within the original budgeted amount for CRI.

PAHPA Requirements That Affect Budget Period 12 Funding Decisions

CDC has identified **five benchmarks** to be used as a basis for withholding funding for PHEP awardees during Budget Period 12 (BP12) (FY 2011).

- Demonstrated capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident by testing the notification system twice a year, with at least one test being unannounced and occurring outside of regular hours. The test can be a drill or an exercise, or it may be demonstrated by a response to a real incident. *(2 benchmarks)*
- Demonstrated capability to receive, stage, store, distribute, and dispense material during a public health emergency. *(1 benchmark)*
 - The 50 states must obtain a score of **79** or higher on the Division of Strategic National Stockpile (DSNS) state Technical Assistance Review (TAR) during the performance period August 10, 2009, through August 9, 2010.
 - The four directly funded cities must obtain a score of **79** or higher on the DSNS local TAR during the performance period August 10, 2009, through August 9, 2010.
 - The U.S. Associated Pacific Islands, the U.S. Virgin Islands, and Puerto Rico must obtain a score of **50** or higher on the DSNS Island TAR during the performance period August 10, 2009, through August 9, 2010.
- Within each CRI MSA, each planning/local jurisdiction and the four directly funded cities must conduct a minimum of **three different** drills (types of drill performed; not the same drill

performed three times) during the performance period of August 10, 2009, to August 9, 2010.
(1 *benchmark*)

- Submit pandemic influenza plans by July 31, 2010. Guidance will be released by the CDC Influenza Coordination Unit no later than March 31, 2010. (1 *benchmark*)

Division of Strategic National Stockpile Exercises

The DSNS exercise requirements include:

- States
 - 1 statewide exercise of medical supplies management and distribution
- CRI MSAs:
 - 3 DSNS drills
 - 1 full-scale or functional exercise testing key components of mass dispensing/prophylaxis plan
- Directly Funded Cities
 - 3 DSNS drills
 - Participation with its associated CRI MSA in the full-scale or functional exercise testing key components of mass dispensing/prophylaxis plan